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SOUVENIR REPORT

International Council of Nurses
Quadrennial Congress

London
July 18—24, 1937



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MISS WILMSHURST.

THE INTERNATIONAL CONGRESS OF NURSES, 1937

DURING Coronation year the Queen's Institute of District Nursing has received much publicity, 1937 being also the Jubilee of its foundation. Queen's nurses have been called the backbone of the Institute, and as such are proud of the invitation to attend Buckingham Palace for an inspection by Queen Mary. This is surely "a tide which . . . leads on to fortune," for this year's International Congress is to be held in London where ours is the only organisation to be granted a whole session.

What is this International Congress? It is a meeting of nurses who are members of the International Association of Nurses in their own countries. The Association of Queen's Superintendents is affiliated, and Miss Farrant is our nominated member on the National Council. This "International idea" was first mooted in 1899 by Mrs. Bedford Fenwick. The first step was to build up Nurses' Councils in those countries where our profession was not organised, and then to arrange meetings periodically, not only for the exchange of professional knowledge and experience, but with the aim of raising also the public usefulness and civic spirit of the members. This confraternity of nurses, grown link by link, now encircles the world.

Hospitality plays no mean part in a pleasurable and profitable

Congress week. Upwards of 2,000 Queen's nurses have subscribed towards a special fund for the welcome and entertainment of international guests. May each visitor take back to her own country the happiest memories of the greatest city of our Empire. Frontiers do not exist for nurses; the prevailing tone of the Congress must be—Fellowship. As far as the Queen's Institute is concerned this golden opportunity will not be lost.

Domiciliary nursing at its best is to be expounded by papers, demonstrations and films. The former, which have been translated into French and German, are reproduced in this souvenir report. We are justly proud of them. They emphasise our work as an essential social service. Queen's nurses are trained and equipped to take cases as they come—medical or surgical, acute or chronic. Far from belonging to what has been called the "Cinderella" of the profession, "Queens" are the most highly trained and fully equipped of all nurses.

Outstanding social events have been organised for Congress week. As hostess country invitations to us will be limited, but we rejoice that Miss Wilmshurst—our General Superintendent—is to be invited to all important functions.



DAME ROSALIND PAGET, O.B.E.

First Queen's Nurse, 1889.

Present Member of Council of Queen's Institute.

OPENING MEETING of the CONGRESS

IT was appropriate that the opening meeting of the Quadrennial International Congress of Nurses should be preceded by a service at St. Paul's Cathedral, the scene of so many thanksgiving services. A special address was given by His Grace the Archbishop of Canterbury. As far as the weather was concerned this Congress cannot have been better timed. The crowd awaiting admission to the Central Hall, Westminster, before half past eight on Monday morning was a most impressive sight. There were nurses from over thirty different countries representing every branch of the profession.

THE PRINCESS ROYAL'S WELCOME.

Inside the Hall, gay with the flags of these nations, an audience of upwards of 3,000 greeted the Princess Royal, who declared the Congress open. The Princess, who was received by the Mayor of Westminster (Honble. Arthur Howard, J.P.), Dame Alicia Lloyd Still, and Mrs. Bedford Fenwick, extended a warm welcome to the International Council of Nurses. In the words of Florence Nightingale, nursing was something in which they must make progress every year.

OUR PROGRESS.

This opening ceremony was truly inspiring, being representative in every sense of the word. In addition to the Civic reception, Sir Kingsley Wood welcomed the delegates on behalf of the British Government and referred to organised nursing as "an integral part of the social fabric of this country." Nursing was now a definite profession the members of which were fellow workers in medicine.

Lord Dawson of Penn received a great reception when, as President of the Royal College of Physicians, he referred to the inspiring part played by nursing in the science of medicine and paid homage to the profession.

Sir Cuthbert Wallace, President of the Royal College of Surgeons, said there were nurses . . . and nurses. Something more than mere scientific knowledge—call it perhaps the spirit of Florence Nightingale—turned a trade into a profession.

PRELIMINARY TRAINING.

Mr. Kenneth Lindsay, Parliamentary Secretary of the Board of Education, mentioned that 2,500

nurses were employed by his department throughout the country. The Board was also concerned in providing the very highest type of girls and the best form of training for the nursing profession.

Mlle. Jeanne de Joannis, President of the National Association of Trained Nurses of France, extended a welcome on behalf of that body. Wearing her neat uniform, Frau Oberin Helene Blunck, President of the Nurses' Association of Germany, added her welcome, and invited all nurses to visit German Hospitals. This concluded the opening ceremony of the Congress, for which many delegates had travelled thousands of miles.

In her Presidential Address Dame Alicia Lloyd Still said they were in danger of making a study of nursing instead of an informed and skilled practice of it. They needed both science and art, but it must be applied science and practical art.

THE LADY WITH THE LAMP.

At a general session held on Wednesday evening a crowded Hall saw three new member Associations welcomed. These were Australia, Switzerland and Roumania. Each representative, preceded by her country's flag, was greeted with its National Anthem. One of the most inspiring hours of the whole Congress.

Later Sir George Newman, whose publications when Chief Medical Officer of the Ministry of Health were so well known to us, gave the Florence Nightingale Oration. Sir George spoke of Miss Nightingale's early life and aspirations, her many qualities and achievements, and quoted delightfully optimistic passages of Robert Browning's "Rabbi Ben Ezra," which he said was one of Miss Nightingale's favourite poems.

"Grow old along with me!
The best is yet to be
.
What I aspired to be
And was not, comforts me."

Sir George's oration was an excellent biographical sketch of the pioneer Englishwoman whose name has been so prominent during Congress week.

Referring to the 42 nationalities represented in the vast audience, the speaker concluded by saying that to know and to study each other was always the better to understand each other.

OURSELVES AS OTHERS SEE US

MOTION pictures are so much a part of our everyday life that it was not surprising to find them included in the 1937 programme of the International Congress. Like a well illustrated book, the Institute's film showed those delegates unacquainted with District Nursing the nature, extent and possibilities of the service performed. Florence Nightingale is reputed to have said that we should nurse the home as well as the patient. So we do, in addition to ensuring by advice that the invalid shall be well cared for throughout the twenty-four hours.

Miss Lowe, Inspector, was the commentator. This film emphasised how the professional education of State Registered Nurses was completed by six months' training in the homes of the people as well as by theoretical instruction. The daily routine of a Queen's Home, the usefulness of a loan collection of nursing requisites, as well as the co-operation between a well organised district nursing service and the local hospitals was seen. It was interesting to note the various forms of transport. Gone are the days of "Shank's Pony"! They have been superseded by every other form of conveyance—horseback and mechanical—not forgetting by boat. Imagine the possible thrills of embarking to see one's patients!

MODERN METHODS.

Science and history have worked many changes in domiciliary nursing. For example, modern treatment gives by hypodermic injection what formerly took many weeks of nursing treatment. Families whose erstwhile homes were large residences now choose modern labour-saving houses where accommodation is limited. Thus has the sphere of the district nurse increased. Nevertheless, there is still need for the very best nursing. How patients receive it by the training and ingenuity of Queen's Nurses is clearly shown in this film.

The possible spread of infection has been an objection against district nursing. Here one sees this idea disproved by an illustration of infectious technique as practised by a Queen's Nurse. Prevention of disease forms a large part of a District Nurse's life. Many Queen's Nurses are certified Health Visitors. For years they have been doing combined work—that is, nursing, health visiting and attendance at school clinics and Infant Welfare Centres. A Queen's Nurse in a rural area is thus

often in contact with the physical welfare of a child from ante-natal days to school-leaving age. This part of our work was shown by pictures taken in school and at a welfare centre. Here mothers were seen receiving homely knowledge and instruction in Mothercraft.

Finally, lest it be assumed that this branch of the profession is all work and no play, Queen's Nurses were filmed off duty leisurely taking "the cups that cheer but not inebriate." An interesting picture. We congratulate the Homes responsible for this picture—namely, Bloomsbury, Birmingham, Edinburgh and Hackney.

MATERNITY NURSING

It is the constant endeavour of the Government and all Public Health Authorities to lessen the national mortality rate of our country. Our part in this national effort was depicted in a film showing Queen's technique in maternity nursing, for which we thank the Huddersfield Home. The routine care of an expectant mother from the day of booking was cleverly filmed, along with an ante-natal visit to the patient's home. Next came the dramatic moment when the father-to-be dashed along the snow-covered road to a telephone call box. We see a midwife take this call, check the booking, note the necessary details and set out in her little car.

THE PUERPERIUM.

The room was full to overflowing when Part Two of this film was shown. It was a nursing visit to mother and baby which must have been a revelation to those unfamiliar with domiciliary midwifery. Thus was Queen's technique in this branch of nursing made public. The toileting of the mother was watched very closely. Surrounded by foreign nurses, I heard nothing but praise of this midwife's work and preparation for her next visit. His Majesty, the baby, was lifted out of an improvised cot, duly bathed and, like his mother, left looking, and surely feeling, that this world was not such a bad place after all.

LANCASHIRE.

To show District Nursing in an industrial area fell to the lot of St. Helen's Nursing Association. This was also a most interesting film—particularly to any Queen's Superintendent who happened to be present. Like the Middlesex Hospital, certain

Queen's Homes have fairy godmothers—additions, alterations and those amenities for which other Homes continue to hope and pray—just seem to arrive.

BAG DAY.

What appeared to be a swarm of Queen's candidates demonstrated that invariable Monday afternoon task of the weekly bag change. There was no epidemic in St. Helens when this film was

taken, for the loan cupboard appeared to be overflowing with nursing requisites. New cases were given out and the staff was shown leaving the Home by foot, bicycle or car.

These films were enthusiastically applauded, especially that portion showing our maternity technique. The President of the International Council considered it to be "the star piece of the Congress," while delegates from many countries seemed to be sincerely appreciative of the demonstrations and the morning's proceedings generally.

DEMONSTRATIONS

GENERAL NURSE'S BAG.

THE stock-in-trade of a Queen's Nurse practising general work only—that is, the district bag—was on view. During the Congress many references had been made to the part we play in the nursing of acute surgical cases and in dealing with emergencies on the district. Miss Evans and Miss Bennett demonstrated how this pocket edition of a nursing trolley met the needs of a busy nurse.

THE DISTRICT MIDWIFE AND HER BAGS.

The miniature labour ward commonly known as a labour bag was demonstrated by Miss Edington and Miss Campion, who were surrounded by enquirers from many countries. A waterproof bag cover of tent canvas was also on view and worthy of note by the many midwives who cycle and whose bag covers are waterproof only in name. The fourteen days' bag had also many admirers; and so, too, had the newest aluminium midwifery bag, with its removable sterilising lid.

The cotton bag was a source of great interest. In addition to holding the midwife's indoor uniform, there was a second pocket in which to keep the three dressing towels.

The Queen's Institute of District Nursing had a stall just outside the Great Hall. This was a really

OUR STALL.

great artistic effort on which Miss Emuss must have spent many hours. The result was certainly creditable. Queen's Superintendents and Nurses attended in relays to answer the many questions on our training, work and equipment. The Provident method of support was an everlasting topic of enquiry. There were models of the new uniform and all the literature connected with our work. Miss Ivett, as Secretary, must have had a busy time collecting the various specimens and arranging for the smooth running of this splendid exhibit, and both she and Miss Emuss have earned our most sincere thanks.

The Southgate Nursing Association put their garden at the disposal of the "Queen's" Congress Committee, and two motor coaches of foreign guests spent a delightful afternoon in Middlesex. This Home was bequeathed to the Southgate Nursing Association by Sir Thomas Lipton, along with a handsome endowment. In addition to this visit many delegates not only visited Queen's Homes, but also saw patients nursed in their own homes.

Altogether, this has been a worth-while week.

DORIS E. WEBB.

DISTRICT NURSING

Paper to be read by Miss J. P. Watt, Inspector for London, Queen's Institute of District Nursing.

“**W**HAT is the most important domiciliary Public Health Service to-day?” was a question put to a Medical Officer of a Health Authority expending nearly £6,000,000 yearly on Health services at a recent meeting of Medical Officers.

“District Nursing,” came the swift and unexpected reply, followed by the submission, ultimately unchallenged, that it is the foundation of all domiciliary health care and if non-existent would be the first and immediate task of every Public Health Authority to provide.

What is District Nursing? The Public Service that provides visiting nursing care under medical direction for those who are unable to employ a private nurse in their own homes. As these constitute 80% of the population, and far more illness is cared for at home than receives institutional treatment, it is indeed a most necessary Domiciliary Health Service for every community. Wherever it is absent or inadequate, there must be needless suffering and tragedy.

Over 8,700 District Nurses are on duty in the cities, towns and villages of England, Scotland, Ireland and Wales. Some do general nursing only, caring for all the ills that human flesh is still heir to—excepting only certain infectious illnesses, and major surgery, though emergency operations are not uncommon in isolated districts. Most of those on duty in rural areas undertake general, midwifery and maternity care, to which very many add every branch of Public Health supervision.

The necessitous sick are nursed free, and constitute



MISS WATT.

from 10% to 20% of the cases. The nursing of Notifiable Diseases and Tuberculosis, and of children under five years and expectant and nursing mothers, is undertaken for the Public Health Authority, and represents about 30% of the cases and 20% of the visits. In London, the Voluntary Hospitals — the great Medical Training Schools, refer In- and Out-Patients for treatment to the extent of 19% of the cases and 13.5% of the visits.

Four thousand District Nursing Associations maintain the Service. Each is self-governing; with the exception of some heavily subsidised Districts in the sparsely-populated Highland

and Island Districts of Scotland and Ireland, each must be self-supporting; and each is under obligation to provide an efficient and adequate service for its people. According to population, work, and measure of adequacy attained, they employ from one to 100 staff supplied with transport and nursing equipment at an inclusive cost of from £190 to £300 per nurse per year.

Altogether, a great beneficent Service, of quite remarkable development, though not yet complete; fashioned and made enduring by selfless devotion with which Honorary Officers, Members of Committees, Collectors and other lay workers have laboured to maintain and develop their respective services; the zeal and skill with which each nurse has met the needs of her people; and the support forthcoming from private philanthropy, statutory bodies having vision and humanity, and an appreciative public.

THE SERVICE OF THE QUEEN'S INSTITUTE OF DISTRICT NURSING.

Sponsoring and promoting developments everywhere: concerned with the work of nine-tenths of this country-wide service, teaching domiciliary nursing technique and upholding professional standards, is the Queen's Institute of District Nursing, with its Scottish and Irish Branches, and all affiliated County and District Nursing Associations.

Institute and Associations—indivisible, complementary.

The Institute is concerned with training, supervision and organisation; but all three activities require the co-operation of the affiliated Associations, since they provide the training facilities, their services are the field in which lay and professional administrators gain experience, and they raise their own funds.

For status and standards to work to, for the uniformity necessary to public convenience, for the in-gathering of experience and the exchange of new ideas and methods, for negotiation with national organisations and Government departments, for the specially trained nurse and the QUALITY of her nursing, the Associations require the Central body.

THE INSTITUTE AND ITS SCOTTISH AND IRISH BRANCHES.

The Institute was incorporated by Royal Charter in 1887, and through its Central Council and Committees directs the work in England and Wales. The Irish and Scottish Branches have their own Councils and Committees. While conforming to common principles and standards, each Council is responsible for its own finances, and in addition to the Secretariat, has a limited professional staff. On all three Councils, representation is given to the affiliated Associations and to the Staffs.

Revenue is derived from endowments, subscriptions and affiliation fees, and a very pleasing supplementary source called "the Gardens Scheme." Owners of lovely Gardens open them once or twice yearly to garden-lovers for an entrance fee of 1/-, and the proceeds of about £28,000 are allotted as to 40% and 60% for Institute and Associations in England and Wales, and 50%-50% in Scotland and Ireland, the Institute's share being assigned mainly to Staff Pensions.

THE ASSOCIATIONS.

For purposes of mutual aid and common counsel, the larger Associations combine in consultative Regional Federations. The smaller Associations unite in County Nursing Associations having wide executive duties.

COUNTY NURSING ASSOCIATIONS.

These function within the administrative area of the County Councils, and work in ever-increasing co-operation with them. Revenue is derived from subscriptions, fees, grants; and their responsibility is to have every Home brought within the ambit of a Local Association. An Executive Officer, the County Superintendent, with or without Assistants, supervises the affiliated Associations, supplies holiday and emergency nurses, and organises Associations in the un-nursed areas. In many Counties, she is primarily a County Council officer, being Inspector of Midwives and Superintendent of Health Visitors: a co-ordination in administration, that like the combination of nursing and health visiting by the nurses, is as wise as efficient.

LOCAL ASSOCIATIONS.

Affiliated Associations must employ Queen's Nurses, conform to service conditions, contribute to Pension Fund and accept inspection.

Within the terms of eight simple obligatory rules, each develops in the way most serviceable to its community. So much income is derived from subscriptions and grants, but—for City as for Rural Associations, the Provident contributory method of public support is becoming the main source of revenue.

Unable to afford a private nurse, unable to pay the economic cost of the district nurse when needed, people of limited means can and do pay a small annual contribution in order to be sure of getting free nursing care for contributor and dependants. The aggregate of the many small payments provides the revenue that enables the Association to maintain the necessary Staff.

"Trained nursing care for 1½d. per week per worker paid at place of employment" yields £8,890 in a provincial city of 250,000 population, and with supplementary revenue provides the citizens with thirty-eight Queen's Nurses.

"A 1d. per week saves £s when weak" was a slogan that enabled a widely scattered moorland community of 8,000 people to provide for themselves two Queen's Nurse Midwives with two motor cars.

TRAINING HOMES.

An Association having a Superintendent and not less than five Queen's Nurses may become a training centre for Queen's Nurses, and 122 Homes have been so approved. They may train for the Institute, as well as for their own staff.

MIDWIFERY TRAINING HOMES.

They number 17: some give both Queen's and midwifery training. Candidates having the Health Visitor's certificate require to take only four months' Queen's training.

Selected Queen's Nurses are given scholarships to train for the Health Visitor's, Training Midwife's or other certificates. The Superintendents of the Service have great responsibility. Of those in a Public Health area of $3\frac{1}{4}$ million people, the Health Authority reported:—

“The maintenance of the present high standard of domiciliary nursing is due to the type of woman to be found at the head of the large body of district nurses employed—the Superintendents of the District Nursing Associations, all women of the highest standing in their profession, with a tradition of work and service which they pass on to the nurses under them.”

QUEEN'S NURSES.

Queen Victoria gave to the Institute the major portion of her Jubilee gift from the women of the Kingdom. The Royal patronage and the human interest were continued by Queen Alexandra, and now by Queen Mary, and so come Queen's Nurses by their Royal designation.

The Roll of Queen's Nurses is kept at the Central Office in London; and the bearer of the first name on it is still active—esteemed Dame Rosalind Paget, D.B.E.

All are State-registered general trained nurses who have satisfactorily taken the Institute's six months' training in domiciliary technique and the ways of public service.

They stand to the Nation as trained and equipped not only to do all the work known of when setting out on “rounds,” but to deal with any nursing emergency. Their professional status ranks with that of the Hospital ward sister.

PROMOTION.

These are as varied as numerous, viz.:—

County Work: Organising and Supervising.—Emergency Nurse, Assistant County Superintendent, County Superintendent.

Homes: Training.—Senior Nurse, Training Midwife or Assistant Superintendent, Superintendent.

National Headquarters Staffs.—Organizers, Inspectors, Nursing Superintendent, Superintendent.

The Council of the Institute appoints the General Superintendent of the Service.

SALARIES.

Salaries conform to a minimum scale fixed by the Institute. There is no maximum scale.

Candidates.—At the rate of £60 per annum.

Queen's Nurses.—£70 first year; £80 second year, rising by annual increments of £5 to £100; with residence, maintenance, service, laundry, uniform, equipment and travelling expenses. Nurses who practise midwifery receive an additional £10 salary. Where an inclusive salary is arranged, the allowances are regulated as follows:—

Maintenance.—17/6; **Laundry,** 3/6—£1 1s. per week.

Uniform, £8 per year.

Accommodation, the cost of two rooms, with fire, light and attendance.

A furnished or unfurnished cottage may be provided, with appropriate alteration in the salary.

An inclusive salary in a country district would amount to £200 upwards, plus equipment and travelling expenses, whether of motor car or cycle.

Administrative posts (excluding the Senior executive appointments):—

Resident.—Range from £105 to £275 and all found.

Non-Resident.—From £250 to £400.

PENSIONS.

If not participating in the Federated Superannuation Scheme for Nurses, Associations must contribute at the rate of £3 per Queen's Nurse employed to the Institute's Long Service Fund, which provides an annuity of £40 to Queen's Nurses who, having served twenty-one years, shall have reached the age of fifty-five and resigned. It is not contributed to by the nurses.

INSURANCES.

National Health, Employers' Liability, Sickness, Indemnity, and Car or Cycle Insurances are all paid for by the Associations.

VILLAGE NURSE-MIDWIVES.

As the area of any Association must be such that any patient can be attended to at least twice daily, or in emergency, there are at work in many English and Welsh rural areas having populations of 3,000 or under, **VILLAGE NURSE-MIDWIVES.** They are all certified Midwives, one-third are fully-trained Hospital Nurses who elect not to become Queen's Nurses. The remainder receive not less than eighteen months' training in midwifery and district nursing from the County Nursing Associations to which their Associations

are affiliated. All work under the close supervision of the County Superintendent, and they have well served their day and generation.

They were necessary because, without the Government grants that were available in Scotland and Ireland, the sparsely populated communities were unable to support the fully qualified service; and to them "half a slice was better than no bread."

They are a diminishing quantity for two reasons. Cheap motor transit and telephones are enabling two adjoining V.N.M. districts to amalgamate in one Association having a Queen's Nurse supplied with a car. The grants under the new Midwives' Act, while further subsidising the Queen's Associations on the one hand, will absorb the Village Nurse-Midwives as salaried midwives on the other, and thereby do injustice to none.

SUPERVISION.

Systematic supervision of work and working conditions extends from top to bottom of the Queen's Service. The Superintendents of Scotland and Ireland are responsible for their respective services, which are visited every third year by the General Superintendent. County Associations have a full visit every third year from their National Headquarters, and two "office" visits in between. The large Associations having their own Superintendents are visited yearly, others half-yearly; V.N.M. Associations are visited quarterly.

There is no overlapping; the relationship is that of good colleagueship. In each case, the work of the woman responsible is under review, and she accepts it as her contribution to the national standards of the Service.

Similarly, in the careful scrutiny of working conditions (duty hours, accommodation, equipment, salaries) and consideration of adequacy and ways and means thereto, the Associations accept the responsibilities of affiliation. Any local difficulty, new methods of finance, means of expansion

of area or of work, new developments, are all surveyed. So experience is gathered and given, and progress is accomplished with the "inevitability of gradualness."

From the full Report that is sent to the Institute an official Report, with or without appropriate recommendations, is returned to the Association. The report on each Queen's Nurse is added to her Roll Record which is required for change of appointment and for promotion.

How else could professional standards be maintained throughout a nation-wide service in the homes of the people where everything favours "Gampish" work? And if for nothing else than upholding these standards throughout the years, the Institute deserves tribute that though not yet fully accorded, is becoming increasingly recognised as due.

The nursing profession has not been over-generous in this respect. Nursing Committees are sometimes unmindful that the popularity of their service, and therefore the measure of its public support, depends most of all on the keenness and devotion of the Staff, since they alone can interpret it to the public. And these qualities are of their heritage as "Queen's." They gather and give strength to its traditions and are proud to belong.

Personal equation tells compellingly. Given vocational Staff and active Honorary Officers, progress is assured. But the power to make or mar lies mainly in the nurse's keeping, whatever her duties.

Each year about 100 new Associations are formed, and 190 Queen's Nurses are added to the active strength. The demand for them has always exceeded the supply; and 1,600 more are needed to bring the whole service to 100% adequacy.

The Jubilee of the Institute coincides with the Congress of the International Council of Nurses; and all its experience is at the service of the Delegates.

QUEEN'S NURSES AT WORK

Paper to be read by Miss E. F. Colburn, Superintendent, Queen's Institute of District Nursing in Ireland.

MUCH attention is now being given to the adequate theoretical training of the young women who are anxious to train as Nurses, and all Hospitals and Infirmaries recognised as General Training Schools have adopted carefully tabulated systems and a standard curriculum which ensures that all trainees shall have had the opportunity of becoming really proficient in the various branches of the Profession included within the term "General Trained Nurse."

After passing the Examination of the General Nursing Council, and having her name on the State Register, there are very many branches of the Nursing Service open—with inviting prospects—so a vital decision must be made if Nurses are to utilise to the best advantage the training and experience they have gained. Many factors contribute to the Nurse's decision as to her choice of a life's work after she has duly qualified, i.e., her ideals and reasons for training—physique—temperament—outlook on life—adaptability—aptitude for teaching—love of patients as individuals—and interest in and sympathy for her less fortunate fellow-men.

The Home Nursing Service promoted by the Queen's Institute of District Nursing, about which Miss Watt in her paper has given so much information, appeals especially to Nurses who have a love of practical nursing—are interested in social problems—like an outdoor life—and desire scope for giving of their very best to the poor.

All Candidates for Queen's training must have their names enrolled on the General part of the



MISS COLBURN.

State Register, and many hold additional qualifications, such as C.M.B., Fever, Children's, and Health Visitor's Certificate. The training covers six months, excepting for a certificated Health Visitor who can take it in four months, and consists of Lectures by Doctors on Public Health Services and Specialists on Social subjects and Preventative work—clinical instruction in the homes of patients by an experienced Queen's Superintendent and her Assistants—where available, hospital experience in special subjects, i.e., ophthalmic nursing, &c. It would take too much valuable time to enumerate the lecturers' subjects in detail, but all Queen's

Nurses agree that this post-graduate course is not only extremely valuable, but definitely necessary to fit them for District work in its fullest sense. It is essential that the Candidates realise the extension of responsibility, for whereas in Hospital the patient is the sole care, in District nursing the family is the unit of her concern—the household is "nursed," not only the individual patient.

During Candidature the Nurses live in Homes, approved by the Institute as Training Centres. The Superintendents are vigilant in making those Homes real homes, not Institutions, and the Nurses when off duty are granted the personal freedom due to an educated, fully trained professional woman.

In return the Nurses accord to the Superintendent the consideration and courtesy that they would give to the heads of their own homes, as being necessary for their proper order and care, such as notifying late return or when Nurse expects to

be out for an evening meal. The Superintendent makes a special point of ensuring that meals are well cooked, nicely served, and varied, so as to be appetising in addition to being nourishing; and it is gratifying to the Council of the Institute to have the assurance that the Nurses working in Homes are happy, contented and comfortable.

On the satisfactory completion of this training, and after Her Majesty Queen Mary has graciously approved her appointment, the Nurse is enrolled as a Queen's Nurse, and goes to work under a Nursing Association affiliated to the Institute.

A nation-wide Service—such as the Queen's Institute of District Nursing—must be and is comprehensive and varied.

Nursing in Cities and Towns—where the Nurses live in a Central Home under the supervision of a Superintendent, who is always a Queen's Nurse with a wide experience of actual District nursing work in all its phases.

Nursing in Smaller Towns—where two, three, four or five Nurses undertake the work, each responsible for her own portion of the town. Where two live together, the Nurses may take it in turn to be responsible for the housekeeping. Each Nurse does the record-keeping of her own area, etc. Where three, four or five live together the Senior Nurse is responsible for housekeeping, equipment and the arrangement of relief for half-day, week-end, etc.

Nurses in Single Districts—where Nurse lives in a cottage, supplied and furnished by the local Committee, with a relation or a maid to keep the house and undertake the cooking, take messages, etc.; or where Nurse lives in furnished rooms with a landlady to prepare meals and give attendance, keep fires, etc.

A moment's thought will convince anyone that there is infinite variety in the Districts to be served by Queen's Nurses. Moorlands, mountains, islands, peninsulas, where Doctors and Nurses may reside as far as twenty miles apart, and where the islanders are sometimes separated, not so much by actual distance as by dangerous sea currents; and in cities and towns, crowded slum areas, and artisan districts, where distances are not wide, but stairs may be numerous.

Transport.—The time occupied by Queen's Nurses in reaching their patients receives due attention. In many Districts the Committee supplies and maintains motor-cars, thus saving Nurse much valuable time and fatigue; in other Districts Nurses use bicycles, rowing-boats, buses, trams, and there is still some walking done—where no other means of locomotion could let Nurse reach the home of the patient; all those various travelling expenses are paid by the Committee of the Association employing the Nurse.

The day's work of each Queen's Nurse is all-absorbing and strenuous, but it is never monotonous. Each Nurse has patients confined to bed requiring full general nursing care regularly. Many patients suffering from acute illness, such as Pneumonia, Acute Rheumatism, etc., are most successfully nursed in their own homes by Queen's Nurses, who pay two or three visits daily, undertake all treatment ordered by the Doctor, and leave instructions in writing for the relatives during Nurse's absence. There are always patients with the less acute illnesses to be nursed, such as Hemiplegia, Cardiac conditions, Rheumatoid Arthritis, Malignant Diseases, etc. The Home nursing of these patients is a work of great National importance. Should the patient be the mother of a family, or the breadwinner, the relatives are taught what to do in the Nurse's absence, and the home is kept together. Many families have been successfully reared because a parent—although bed-ridden or crippled—was enabled to remain at home and supervise the household, solely because a Queen's Nurse provided the necessary skilled nursing in the patient's own home.

Surgical Dressings.—Giving of Serum, Gynaecological and special treatments are undertaken by the Queen's Nurse with the same aseptic and anti-septic precautions as in Hospital, so hastening recovery by having the Doctor's orders skilfully carried out, and the patient is saved the exhaustion of attending the Doctor's Surgery or an Out-Patient Department of the Hospital, and also saved the time occupied in going to and from the Hospital. This saving of time means much to a mother responsible for getting dinner ready for the family. If the dressing does not prevent the patient from attending his daily work, the dressing is done before—or after—working hours.

There is growing co-operation between the Hospitals and the Nursing Associations. The Almoners send names of patients discharged from Hospitals—for further treatment and supervision. Reports upon those patients are furnished to the Hospitals regularly, and as required. The knowledge that they will be under trained nursing care enables Hospital Authorities to send patients home before they are convalescent, and thus helps to relieve the acute problem of patients waiting for beds in Hospital. Out-patients are similarly referred for home treatment and periodic report.

Nursing of all non-infectious illnesses of children is undertaken by our Nurses—and in most urban and city areas infectious diseases—such as Measles, Whooping Cough, Influenza—are nursed, with the result that serious disability from complications is avoided or reduced to a minimum.

Emergency Operations.—Queen's Nurses have always been available to assist at any emergency

operation, and although motor transport and modern air service bring patients so much more easily to Hospitals, there are still many emergencies in which major operations are performed in the patient's own home. They also attend many minor operations, assist the Surgeon, and undertake the necessary after-care.

The combined work of General sick nursing with the duties of the Public Health Visitor in rural areas will be the subject of another paper—by Miss Mitchell—so I shall not dwell on that aspect of the work of Queen's Nurses.

The domiciliary nursing of patients suffering from Tuberculosis in its various forms is also part of the Queen's Nurse's duty; and definite teaching and regular supervision is given in those cases where there is no actual skilled nursing required.

T.B. Clinics.—Queen's Nurses frequently attend these Clinics, keep record charts of weight of patient, etc., give supplies of cod liver oil, etc., and supervise patients returned from Sanatoria, contacts, suspects, etc., keep the Register, and prepare monthly returns for Local Authorities, etc.

Minor Ailment Clinics and Dispensaries.—In Industrial areas it is not uncommon for these to be staffed by Queen's Nurses employed by Education and Public Assistance Authorities, and large firms.

Report-Writing and Record-Keeping.—Reporting to Doctors in writing and keeping records for the Medical Officer of Health and Public Bodies are important parts of routine duty. In former years it was thought sufficient to do the work honestly and faithfully, reporting only to the Doctor in charge of each patient, but now that so much public money is spent on **Public Health Services**, statistics must be prepared for Local Authorities.

Social Service.—Queen's Nurses undertake much valuable educational work in giving talks to local Women's Meetings, Lectures to Girl Guides, St. John's Ambulance members, Boy Scouts, etc., etc., and by reporting to Committees of Social Services on matters relating to their needy patients.

Unemployment.—There is none.

Sickness.—Adequate provision is made for sick Nurses. The employing Association pays to Nurse her full salary for the first six weeks' absence on sick leave, and half salary for the second six weeks, and Nurse refunds the National Health Insurance payments which she receives during that period. There are Rest Homes for Queen's Nurses convalescing from illness, where Nurses are received free of all fees. The Tate Fund of the Institute gives supplementary Grants to Nurses off duty ill, and Queen's Nurses themselves have a Benevolent Fund from which annuities and grants are given to members permanently disabled or suffering from

prolonged illness. Apart from the Institute the **1930 Fund** exists to give financial assistance to all **trained District Nurses**—so that Queen's Nurses are eligible for annuities or grants from this wonderful Fund—and the Nation's Tribute to Nurses' Fund is generous in helping all Certificated General Nurses, so that door is open to any Queen's Nurse who is sick and in need of financial assistance.

As will be readily surmised from the foregoing, much is expected of a Queen's Nurse beyond the actual nursing, especially as a large number work in single Districts throughout Great Britain and All Ireland, where the Nurses must be capable, self-reliant women, thoroughly competent to deal with any emergency which may arise, be the patient, man, woman or child. They must be discreet, tactful, kindly and considerate, teach without being dictatorial, have initiative, and, whilst not losing sight of the ideal, make the best of existing conditions, inspire confidence in patients and their relatives, and give the necessary statistics and reports to Doctors and Officials. They must set an example in housekeeping to the people of the District, be neat and tidy always in appearance, and always wear correct uniform when on duty. They are taught to be economical with equipment and dressings, and to take due care of bicycle or motor-car.

As it is most important that the Committee members be kept interested in the work of the Association, they receive from Nurse reports of work done, in writing and verbally, without in any way violating the confidence of the patients. Patients are encouraged to give donations to the Association for services rendered.

Hours on Duty.—The Institute is watchful that the Queen's Nurse is not overworked, aiming at an average of 44—46 hours of duty weekly throughout the year. All Queen's Nurses have an annual holiday of a full calendar month, and they get week-ends off duty regularly, a half-day off duty weekly, and on Sundays emergency and acute nursing only is undertaken. In Homes where two, three or four Nurses live together the work is sometimes arranged that Nurses are free alternate Sundays.

When so much is expected from Queen's Nurses, what does the fifty years' experience of the Institute show regarding the supply of Nurses available and suitable for the work?

We in the Nursing Profession are proud to report that there are still to-day—in this modern world where so many ideals appear to be lost—a large number of young Nurses who take up District Nursing with a sincere ambition to be of use. The sense of service, of vocation, is still to be found as elsewhere among our faithful Queen's

Nurses. There is no outward show or glamour in our Service—no beautiful buildings where patients are surrounded with all that Science can provide, as in Hospitals. But there is for us this wonderful knowledge that the work done has made all the difference, not only to the patients, but to their homes, where their gratitude is freely expressed and is most sincere.

The fact that 674 Queen's Nurses have earned Long Service Badges for over twenty-one years' service shows that the work has its appeal, and that, though often wearied, they find it well worth while.

But where does the money come from to maintain them?

For many years private philanthropy provided the wherewithal. To-day, while every Grant is earned and donations from the well-to-do are sought in order to provide free nursing for the needy, the remaining 80 per cent. of the community—not asking, not needing charity, not able to afford private nursing—are asked to contribute as householders or workers a small annual contribution in return for free nursing to contributor and dependants. This is called the Provident method of public support. The contributions are collected in a variety of ways to suit the nature of the District and the employment of the people. In Cities and Towns the employees in factories, shops, offices, etc., usually request that a voluntary levy of ½d. to 3d. per week be deducted from their wages weekly by the firm, the amount so received being sent regularly to the local District Nursing Association. For small Owner-shop-keepers and those not employed by any large firm or works, the individual may join any group subscribing, such as Guild, Club, Women's Meetings, etc. For those unable to contribute through Employment or Meeting groups, a home scheme is arranged and collected by voluntary or paid Collectors. A stamp method of contribution, akin to the National Health Insurance, is coming into favour. Where the Provident Scheme is in operation two rules are strictly enforced by the local District Nursing Association—

(1) Necessitous poor people must be nursed free of charge, so that there is never anyone too poor to receive skilled nursing care.

(2) Non-members of the Provident Scheme not

included as necessitous poor are charged fees per visit. An important point is also made of the privilege given to the wealthier members of the Community by granting them, if they become **Subscribing Donors** of £1 1s. or more, the knowledge that they are helping to maintain a domiciliary Nursing Service for the needy, and, secondly, providing free nursing for their own domestic Staff.

This Provident Scheme—which is a form of Insurance—has proved to be invaluable to local Committees of District Nursing Associations, by *inculcating that independence of spirit*—one of the finest traits in British character—by the patients themselves contributing **WHEN WELL** to the fullest extent possible, and thus maintaining the Nursing Service. *Giving the worker a share of the responsibility in the management of the Service*, which is for themselves and their own fellow-workers, on the truly democratic principle, leading to earlier attention to illness, and *providing the necessary funds to extend the Service*.

In non-Provident Districts, Entertainments—such as Concerts, Whist Drives, Jumble Sales, etc., etc.—augment the funds and provide the necessary publicity to keep alive the interest in the Nursing Service.

In Rural Areas the identical principles of the Provident Scheme are adhered to, and in fact were started here, and the importance of forming sufficient groups and obtaining the necessary Collectors is paramount.

On 15th February, 1878, Florence Nightingale wrote:—

“You have a glorious future if you keep your standard high.”

In December, 1936, the following appeared in the *Lancet*:—

“In a sense the Queen's Nurse may be regarded as the cream of her profession. It is not surprising that an Institution at once so homely and so efficient should have achieved such widespread popularity.”

The Institute's Jubilee Appeal is for Funds wherewith to have established the 1,600 Queen's Nurses that are yet needed to complete a fully adequate service. May all who have love of life in their hearts and love of their fellow-men hear—and hearing—respond.

The MIDWIFE and HEALTH VISITOR

*Paper to be read by Miss A. G. Mitchell, East Sussex County Superintendent,
Queen's Institute of District Nursing.*

I FEEL it a great honour to have been invited to speak to so many fellow-colleagues in the Nursing Service from different parts of the world.

The County of East Sussex in which I work has had the pleasure of entertaining year by year, for a week or two, students from many countries who were taking their International Course at Bedford College, and it may be that there are some present here to-day who will know me by sight, even if I cannot see them in so vast an audience.

To make clear the progress of the last eighty years we must go back to the early history of the nursing of the sick in their own homes.

The system of District Nursing owes its origin to Mr. William Rathbone, who in 1859 provided a nurse to work among the poor in Liverpool.

He had a Mrs. Robinson to nurse his wife in illness, and realising the comfort her services brought, not only to the patient, but also the whole household, he asked her to undertake nursing in Liverpool to those who could not afford to pay for, and also had not the convenience for, a private nurse to live in the house.

The conditions in those days were so distressing that, at the end of the month, Mrs. Robinson asked to be released, but was persuaded to stay on. This she consented to do, and became the first of a staff of eighteen District Nurses.

In 1891 the first County Nursing Association was formed in Hampshire, and was followed shortly after by many others, until to-day out of the sixty-two Administrative Counties in England and Wales, sixty are covered by County Nursing



MISS MITCHELL.

Associations, of which ten are working independently and the remaining fifty are affiliated to the Queen's Institute of District Nursing.

Counties vary in their administration; in some the District Nurses undertake the general nursing and midwifery, others include School Nursing, while in others all the Public Health work is delegated to the Nursing Associations through their respective County Nursing Associations. Where none is delegated a separate staff is employed.

I am speaking to-day of the District Nurse Midwife and Health Visitor combined.

Of recent years the Public Health Services have grown up and

increased very much, and in order to do the combined work in an efficient manner it is essential that the size of the area which the nurse is to cover, the population, and type of work to be done should be taken into consideration, also mode of transport, and whether the district is hilly, scattered, rural or urban.

Experience has shown that a nurse doing midwifery, general nursing and public health duties can undertake the work in a population up to 3,000, while a population of 5,000 to 6,000 is sufficient for one nurse where midwifery and general nursing are undertaken without Public Health duties, and from 7,000 to 9,000 where general nursing only is done.

The combined duties comprise Midwifery, with ante-natal and post-natal supervision, and attendance at Ante-natal Clinics, Infant Health Visiting, which includes attendance at Welfare Centres in many districts, School Nursing, with

its routine Medical Inspections and following up in their homes of all children where treatment has been recommended, assisting Doctor and Dentist at the Minor Ailments, Dental and Eye Clinics. Routine head inspections for cleanliness and following up of children absent from school for health reasons, and any other special visits which may from time to time be required of them by the County Medical Officer of Health.

For all these combined duties a considerable amount of clerical work is entailed.

The Nurse is engaged and employed by a Voluntary Committee, and her appointment is approved by the County Nursing Association. This Committee undertakes the administrative business of the Association and is responsible for the collecting of the Voluntary and Benefit Subscriptions, and all grants received from the County Council for those branches of work undertaken on its behalf.

A County Nursing Association is the Central Body in each county controlling the district nursing of affiliated Associations. It is usually composed of representatives of each of the Associations and is responsible for the distribution of grants, general policy and for the employment of the County Superintendent and her staff.

She arranges for the efficient working of District Nursing Associations and attends their various meetings to give practical suggestions ensuring that the district is well nursed, at the same time guarding the nurse from over-work.

In many counties she is also Inspector of Midwives, and Superintendent Health Visitor for the County Council, and in large counties often has three or four assistants.

In some counties the Public Health work is not done by the District Nurses, but by a staff of Health Visitors attached to the County Council. This method has its advantages in some ways no doubt, but having worked myself both in combined duties and also as a full-time Health Visitor and School Nurse, I cannot help feeling the ideal service is that of the combined work.

The main advantages are: the District Nurse looks after the mother before the birth of the child, and is present at the confinement. During the fourteen days lying-in period she teaches the mother the principles of health and a good routine for the new-born infant. After the puerperium she visits regularly usually once a month for the first year, and quarterly afterwards, during which time she relieves the mother of much anxiety, gives helpful advice and detects early signs of disease. She also notes any defects or insanitary conditions in the home and makes a special report of them to the County Medical Officer of Health.

When the child reaches five years of age she

follows it up in the school as School Nurse; and again watches over its health.

It is true the Health Visitor and School Nurse can watch over the child's health and give helpful advice, but it is the nurse who has gained the confidence of and become a friend to the mother during the ante-natal and lying-in period, who has the most influence over her when persuasion is required to get treatment done, and whose advice is sought in time of trouble. A Nurse-Midwife is on the spot, and is more easily called in by any of the mothers who need her and would hesitate to send for a Health Visitor who lives at a greater distance and whom she probably does not know so well.

I have often had it said to me when trying to persuade a mother to get treatment for her child: "I will ask my own nurse about it, and if *she* thinks it necessary I will have it done."

Much unnecessary travelling and time can be saved when the District Nurse does all duties, her daily round being arranged somewhat in this order:—

First case, Midwifery. Attention to mother and baby. Downstairs, in the same house, an Infant Health Visit can often be done. Next door an ante-natal visit, also probably a following-up visit of a school child.

Next case, Pneumonia. General Nursing attention. Downstairs, probably another Health Visit. A few doors away two cases of school children recovering from tonsils operations; and so on, through the morning's round, she is a well-known and much-loved figure.

Grants available from the County Councils must of necessity vary according to circumstances, and, but for these, many of the rural associations would be unable by their own efforts to support a nurse, and the powers given to Local Authorities under the Maternity and Child Welfare Act to make grants to Nursing Associations who undertake Public Health Duties for them, has greatly assisted in the development of the work.

Grants from Public Assistance Committees are also given for Nursing of Necessitous Persons.

The Local Authority also give grants for the training of Midwives, and their regular attendance at Post-Graduate Courses in order to insure the maintenance of a high standard of efficiency.

Other than the grants from the Local Authority, the main source of income for Nursing Associations is derived from Members' Benefit Subscriptions, which vary from 4/4 to 8/8 per annum for cottagers, and from 10/6 per annum for farmers and tradespeople, thus providing for themselves free nursing when it is needed. Non-members are usually charged from 1/- to 2/6 per visit.

In addition, income is derived from Voluntary Subscriptions, Benefit Payments received from Approved Societies for the Nursing of Insured Persons, and special efforts, such as Whist Drives, Fêtes, etc., organised by the committees of the local Nursing Association.

The County Superintendent, helped by her Assistants in a large County, does routine quarterly inspections of the nurse. This entails the going with the nurse to all her patients for the morning round, to see her doing her practical work, which gives an opportunity not only of supervising her nursing technique, but of learning the nurse's manner to, and influence on, the patients, and of seeing whether her services are appreciated and everything is being done to help their recovery. Also if the housing and sanitary conditions are satisfactory and the patients being properly cared for apart from the nurse's duties.

After the morning's work is completed the Superintendent goes back to where the nurse lives, inspects her records and equipment, also her own housing conditions, as to whether they are clean and comfortable, and the nurse being properly fed. In some cases the nurse lives in a cottage alone, in which case it is ideal if she has sufficient domestic attendance so that her meals are ready for her return; she is not fit at the end of a busy morning's work to go in and have to cook her own meal. So often it is neglected, and just a cup of tea and toast prepared quickly, the result being that nurse's health soon breaks down.

In the afternoon, before leaving the district, the Superintendent visits the Honorary Secretary, or a Member of the Committee, and enquires into the finances and general organisation of the Association. She gives a word of commendation, reports any defect or details concerning her inspection she thinks the committee should know, and gives advice to them as required, bringing in this way the wider experience of the whole County to the advantage of each separate Association.

At the end of her day's inspection she writes a detailed report on it, which is sent in the case of Queen's Nurses to the Head Office, and filed in the Superintendent's Office for future reference.

Some County Nursing Associations train a certain number of Village Nurse-Midwives, also gives Queen's or Health Visitor's Training to State Registered Nurses. Where this is done the nurse who is given her training has to sign an agreement to serve in that County for one or two years, according to which training is given her, as it costs the County Nursing Association approximately £100 for the training of each candidate.

Throughout the country of recent years it has been the aim of the County Nursing Associations to encourage District Nursing Associations to serve

larger areas than have previously been possible before the days of cheaper transport.

Many amalgamations of districts have taken place and the combined income now makes it practicable to employ the Queen's Nurse, who reaches her patients by car instead of bicycle, bus or on foot. In all cases this move has been found very beneficial both to the efficiency of the work and the nurse's health. In isolated areas the Village Nurse-Midwife is still a necessity, as without her there would be no nursing service at all, since there is often too little to maintain a fully trained nurse or to keep her occupied.

Each nurse working under the County Nursing Associations is entitled to one calendar month's holiday each year. During her absence a supply is provided. She should also have a long week-end once a quarter, or a short one monthly, and a half day each week if possible.

Emergency Nurses are attached to the Staff of the County Nursing Associations, and are available for holiday and week-end relief duty for the district during the nurse's absence, which ensures her off duty time at as regular intervals as possible.

Nearly half the Queen's Nurses in England and Wales to-day are in the Federated Superannuation Scheme, and the remainder in the Long Service Fund of the Queen's Institute, and most counties have made the County Pension Scheme compulsory for the non-Queen's Nurses as new entrants.

In some Counties the central organisations share the cost of the employers' share of pension premiums.

Under the new Midwives' Act, which came into force on July 1st of this year, the Local Authorities are responsible for the cost of the Midwifery Service, and in those Counties where the combined work is being done, the Local Authority is still working in co-operation with the Voluntary Associations, in many cases the midwifery still being undertaken by the District Nurse-Midwives already employed, the only alteration being that in some cases a few more midwives will be employed than in the past, and County Councils are giving additional grants towards the maintaining of the Midwifery Service.

The Act requires that midwives shall visit a lying-in mother now for fourteen days instead of ten. It also is demanding a longer training for midwives, and has made it compulsory that all midwives attend a Post-Graduate Course within every seven years at least, this being to ensure a high standard of efficiency being kept up.

This, then, I think, embodies most of the details of the work of County and District Nursing Associations under a voluntary organisation.

I cannot speak too highly of the tremendous

interest and support given by the voluntary helpers. It is an arduous, often difficult and unpleasant task they have to fulfil. They are private independent people, busy with their own social life, and give up of their own free will for the good of the work, many hours of their valuable time. It is their indefatigable help and influence which gives us the human touch and which means so much to the sick, and I am sure it is a work that is not nearly sufficiently known and appreciated.

Of course there is a great variety in the geographical conditions of the Counties in this Country, some having very sparsely populated districts with mountainous areas, difficult to cover. In these there is always the problem of reaching the patient in reasonable time, and of thereby ensuring efficiency of service.

In other Counties there are small industrial towns and mining villages in which the County Superintendent has different problems to face from those of rural areas, and where there is more poverty and malnutrition and social difficulties which

need dealing with tactfully in order to elicit and maintain the interest of the local committees without allowing their often very strong political opinions to interfere with the work.

The grants in these Counties are necessarily less, but the money provided by Provident Schemes is more, since the population is more numerous.

It is undoubtedly the close and friendly contact that exists between the local committees, the County Nursing Associations, the Nurses and the Superintendents that has enabled District Nursing to provide for every type of area, a skilled Nursing Service, efficient Midwifery and good Public Health supervision.

I think you will agree with me that this service when carried out in this way makes provision for every necessity, and can truly be called an Ideal Service, but may I say in conclusion that the secret of the success of this service is dependent entirely on the co-operation of all bodies concerned, each department working hand in hand to help each other.

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